

COMMONWEALTH OF PENNSYLVANIA

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. .... File No. ....

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING.

PLACE OF BIRTH

County of Allegheny  
Township of Shelby

Borough of   
or  
City of

No. .... St. ....

Ward. ....

FULL NAME OF CHILD

*Not now*

Sex of Child	Twin, Triplet, or other? <u>Single</u>	Number in order of birth <u>2</u>	Legitimate? <u>Yes</u>	Date of birth <u>July 13</u> , 1908 (Month, Day)
FULL NAME	FATHER	MOTHER		
<u>Full</u>	<u>William Russell</u>	<u>Beatrice Jones</u>		
RESIDENCE	<u>Gell Grounds</u>	<u>Gell Grounds</u>		
COLOR	<u>White</u>	<u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	
BIRTHPLACE	<u>Pa</u>	<u>Pa</u>	BIRTHPLACE <u>Whales</u>	
OCCUPATION	<u>Milkman</u>	<u>Housekeeper</u>	OCCUPATION <u>Housekeeper</u>	
Number of child of this mother	<u>Two</u>	Number of children, of this mother, now living <u>one</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, and that it occurred on July 13, 1908, at M.  
 \*When there was no attending physician or midwife, then the father, mother, householder, etc., should make this return.

Given name added from a supplemental report

Address 190

(Physician or Midwife)

Signature J. J. Frost, M.D.

Date Aug. 8, 1908

Place Shelby

Registrar John W. Russell

1480.2d

Registrar

Registrar

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